

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## INSTRUCTIONS

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities.

Please answer each section by marking in each section **one circle** that most applies to you. We realize that you may feel that more than one statement may relate to you, but please **just mark the circle that most closely describes your problem.**

### Section 1 - Pain intensity

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

### Section 2 - Personal Care

- I can look after myself normally without causing extra pain.
- I can look after myself normally but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help but manage most of my personal care.
- I need help every day in most aspects of self-care.
- I do not get dressed; I wash with difficulty and stay in bed.

### Section 3 - Lifting (skip if you have not attempted lifting since the onset of your neck pain)

- I can lift heavy weights without extra pain.
- I can lift heavy weights but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g. on a table.
- Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.
- I can lift only very light weights.
- I cannot lift or carry anything at all.

### Section 4 – Reading

- I can read as much as I want to with no pain in my neck.
- I can read as much as I want to with slight pain in my neck.
- I can read as much as I want with moderate pain in my neck.
- I cannot read as much as I want because of moderate pain in my neck.
- I can hardly read at all because of severe pain in my neck.
- I cannot read at all.

### Section 5 – Headaches

- I have no headaches at all.
- I have slight headaches which come infrequently.
- I have moderate headaches which come infrequently.
- I have moderate headaches which come frequently.
- I have severe headaches which come frequently.
- I have headaches all the time.

### Section 6 – Concentration

- I can concentrate fully when I want to with no difficulty.
- I can concentrate fully when I want to with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

#### FOR OFFICE USE ONLY

SCORE: \_\_\_\_/100

PAIN: \_\_\_\_/100

IMPROVEMENT: \_\_\_\_\_%

**Section 7 – Work**

- I can do as much as I want to.
- I can only do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I cannot do any work at all.

**Section 8 – Driving**

- I can drive my car without any neck pain.
- I can drive my car as long as I want with slight neck pain.
- I can drive my car as long as I want with moderate neck pain.
- I cannot drive my car as long as I want because of neck pain.
- I can hardly drive at all because of severe neck pain.
- I cannot drive my car at all.

**Section 9 – Sleeping**

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr. of sleep loss)
- My sleep is mildly disturbed (1-2 hrs. of sleep loss)
- My sleep is moderately disturbed (2-3 hrs. of sleep loss)
- My sleep is greatly disturbed (3-5 hrs. of sleep loss)
- My sleep is completely disturbed (5-7 hrs. of sleep loss)

**Section 10 – Recreation**

- I am able to engage in all my recreational activities with no neck pain.
- I am able to engage in all my recreational activities, with some neck pain.
- I am able to engage in most, but not all of my usual recreational activities because of pain.
- I am able to engage in a few of my usual recreational activities because of neck pain.
- I can hardly do any recreational activities because of neck pain.
- I cannot do any recreational activities at all.

**Section 11- PAIN INDEX:**

Please mark your current pain with an X:

\_\_\_\_\_ No Pain Worst Pain

**Section 12- IMPROVEMENT INDEX:**

Please mark your improvement with an X:

\_\_\_\_\_ No Improvement Complete Improvement